

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10809896

FILING DATE 03-26-01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1.6					52								
3		2					53								
4		2					54								
5		1					55								
6							56								
7	1						57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13							63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
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38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	12						TOTAL DEP.								
TOTAL CLAIMS	14						TOTAL CLAIMS								